

ELECTRONIC CHROME & GRINDING CO. INC.

9128-32 DICE RD. • SANTA FE SPRINGS, CA 90670 • (562) 946-6671 • FAX (562) 946-5903

Hard Chrome Plating • Internal & External Grinding

Chrome Tanks 16 Foot Depth • Power Honing to 6" Capacity

Grinding Capacity to 20" x 120" • Centerless Grinding

January 27, 2006

2005 Biennial Report Staff (11th Floor) Dept. of Toxic Substances Control 1001 I street, 11th Floor Sacramento, CA 95814

RE: 2003 & 2005 Biennial Reports Letter of Transmittal

Dear Staff Member:

Included with this submittal of the 2005 biennial report is a copy of the 2003 report. Our record review did not find a previously submitted copy of the 2003 report. Our consultant contacted Davie Wright and was told to submit the 2003 report with the 2005 report. Both reports are included herein.

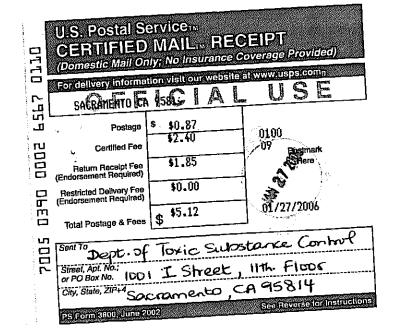
Sincerely,

Mike Reed

Vice president, General Manager

Enclosures

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature X
1. Article Addressed to: 2005 Biennial, Report Staff (11th Floor) Dept. of Toxic Substance Control	D. Is delivery address different from item 1? ☐ Yes ` If YES, enter delivery address below: ☐ No
1001 I Street, 11th Floor Sacramento, CA 95814	3. Service Type Certifled Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	0390 0002 6567 0110
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540





January 25, 2006

Mike Reed
Electronic Chrome & Grinding Co. Inc.
9128-32 Dice Rd.
Santa Fe Springs, CA 90670

RE: 2003 & 2005 Biennial Reports

Dear Mr. Reed:

Enclosed are the 2003 and 2005 Biennial Reports for Electronic Chrome & Grinding Company. Please complete the following tasks before submitting these to the Department of Toxic Substances Control (DTSC):

- 1. Copy the letter of transmittal onto your letterhead and sign it.
- 2. Review and sign these reports where indicated by arrows.
- 3. Review and complete the 2005 Biennial Report Submission Cover Sheet.
- 4. Photocopy all forms and the 2005 Biennial Report Submission Cover Sheet for your files. The DTSC recommends all records used in completing the forms be kept for a minimum of three years.
- 5. Using the Certified Mail Receipt and the Return Receipt included in this package for your use, please send these reports and diskette to the address below:

2005 Biennial Report Staff (11th Floor) Dept. of Toxic Substances Control 1001 I Street, 11th Floor Sacramento, CA 95814

6. The local Certified Unified Program Agency (CUPA), which is the City of Santa Fe Springs Fire Department, requires you to mail them photocopies of the 2005 Biennial Report Submission Cover Sheet, the Certified Mail Receipt and the Return Receipt to ensure submission of Biennial Reports to the DTSC. Included also is a letter addressed to the Santa Fe Springs Fire Department for your use. Please send these to:

Richard Kallman
City of Santa Fe Springs Fire Department
Environmental Protection Division
Certified Unified Program Agency
11300 Greenstone Ave.
Santa Fe Springs, CA 90670

If you have any questions concerning this report, please contact me at (562) 495-5777.

Sincerely,

ohn Matthews, Senior Consultant

Enclosures

W:\Projects\2006\Electric Chrome & Grinding\2003&2005 Biennial Report\ecgBiennial.let01.doc

2. 2005 BIENNIAL REPORT SUBMISSION COVER SHEET

SUBMIT WITH REPORT NO ADDITIONAL COVER LETTER REQUIRED

The fo	llo	wing items are included or have been verified in the report:
0	Y	2005 Biennial Report Submission Cover Sheet
ב		Signed Form ID (3 pages)
	₃⁄	Verified EPA ID
	⁄لا	Verified NAICS code on <u>www.naics.com</u>
[ਤ∕	Forms GM, if applicable
E	¥	Forms WR
5	⊒ ∕	Original transmittal file on diskette, CD, DVD, or portable USB drive using Waste Reporter software or in EPA Flat File format
	_	Postmark report by March 1, 2006.
Remin	de	r:
Ε].	Retain a complete photo copy of the 2005 BR for record keeping purposes
		AND
]	Retain a second original transmittal file from Waste Reporter for record keeping purposes, if applicable.

COMPLETED FORM TO:	United States Environmental Protection Agency					
The appropriate EPA Regional or State Office.	RCRA SUBTITLE C SITE IDENTIFICATION FORM 2005					
Reason for Submittal (see instructions on page 9)	A. Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). To provide subsequent notification (to update site identification information).					
MARK ALL BOX(ES) THAT APPLY	As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of Hazardous Waste Report.					
Site EPA ID Number (see instructions on page 10)	EPA ID Number: CAD008391427					
SiteName (see instructions on page 11)	Site Name: Electronic Chrome & Grinding	Co. Inc.				
4. Site Location Information (see	Street Address: 9128-32 Dice Road					
instructions on page 10)	City, Town or Village: Santa Fe Springs	State: CA				
	County Name: LOS ANGELES	Zip Code: 90670				
Site Land Type (see instructions on page 10)	Site Land Type: X Private County District Federal	☐ Indian ☐ Municipal ☐ State ☐ Other				
North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on	A. 332813 B.					
page 10)	D.					
7. Site Mailing Address (see instructions on page	Street or P.O. Box: 9128-32 Dice Rd.					
11)	City, Town or Village: Santa Fe Springs					
	State: CA	ş*				
	Country: UNITED STATES	Zip Code: 90670				
Site Contact Person (see instructions on page 11)	First Name: Mike MI:	Last Name: Reed				
· · · · · · · · · · · · · · · · · · ·	Phone Number: 5629466671 Extension:	Email Address: bluecrowns@aol.com				
Operator and Legal Owner of the Site (see	Name of Site's Operator:	Date Became Operator (mm/dd/yyyy):				
instructions on page 11	Philip W. Reed	07/23/1982				
and 12)	Operator Type: X Private County District Federal	Indian Municipal State Other				
	Name of Site's Legal Owner: Philip W. Reed	Date Became Owner (mm/dd/yyyy): 07/23/1982				
<u> </u>	Owner Type:	☐ Indian ☐ Municipal ☐ State ☐ Other				

9. Legal Owner (Continued)	Street or P.O. Box: 9128-32 Dice Rd.		
Address	City, Town or Village: Santa Fe Springs	He	
	State: CA		_
	Country: UNITED STATES	Zlp Code: 90670	\neg
10. Type of Regulated	Waste Activity (Mark "Yes" or "No" for all activities; comple	plete an additional boxes as instructed)	
A. Hazardous Waste / Complete all parts			_
	rator of Hazardous Waste	A Project Prop	
If "Ye	s", choose only one of the following - a, b or c.	Y NX 2. Transporter of Hazardous Waste	
	LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardoùs waste; or	Y X N 3. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is	
Ŭ þ.	SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or	required for this activity.	
c.	CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste	Y N X 4. Recycler of Hazardous Waste (at your site)	
in addition, in	dicate other generator activities,	Y NX 5. Exempt Boller and/or Industrial Furnace	
<u> </u>	United States Importer of Hazardous Waste	a. Small Quantity On-Site Burner Exemption	
Y NX e. A	Aixed Waste (hazardous and radioactive) Generator	b. Smelting, Melting, RefiningFurnace Exemption	
		Y NX 6. Underground Injection Control	
5 11 1			
B. Universal Waste A		C. Used Oil Activities	
Y [] N [X] 1. Lai 5.0	ge Quantity Handler of Universal Waste (accumulate 00 kg or more) [refer to your State regulations to	Mark all boxes that apply.	
det	ermine what is regulated], indicate types of universal	Y N X 1. Used OII Transporter	
wa	ste generated and/or accumulated at your site, if "Yes", rkall boxes that apply:	if "Yes", mark each that applies.	
(na	irkali boxes triat apply:	a. Transporter	
		U S. Transier Facility	
_	Generated Accumulated	Y N Z 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies.	
_	Batteries Pesticides	a Processor	
	Thermostats	b. Re-refiner	
d.	Lamps	Y N X 3. Off-Specification Used Oil Burner	
e.	Other (specify)	Y N X 4. Used Oil Fuel Marketer	
f. +	Other (specify)	if "Yes", mark each that applies.	
	Other (specify)	a. Marketer Who Directs Shipme Off-Specification Used Oil to Off-Specification Used Oil Buri	
No No	stination Facility for Universal Waste te: A hazardous waste permit may be required for this activity.	l	1
			

1. Description of	Hazardous Waste	s (see instructions on pa	ge 16)			U24 Expires 10/31/2
Waste Codes fo	or Federally Beauty	ated Hazardous Wastes. ented in the regulations (e.g	11-	waste codes of the Federal 107, U112). Use an addition	hazardous (vastes I	nandled at your site.
D002	D007	D008	F006	The state of the s	aı bağa ıı möte sba	Ces are needed.
Waste Codes for sites handled at y	or State-Regulated our site. List them I	(i.e., non-Federal) Hazard the order they are present	ous Wastes,	Please list the waste code	es of the State-regu	ated hazardous
223	352	**		Mis. Ose all additional page	if needed for more	waste codes.
					<u> </u>	-
					<u> </u>	
	<u> </u>					
Comments (se	e instructions on p	Page 17)				
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		•••				
of the person or to the best of my	persons who mans	y of law that this document it to assure that qualified per ge the system, or those per illef, true, accurate and com mprisonment for knowing v	sons directy resp	acter and evaluate the info	mation submitted	Record on musica
Signature of owner an authorized	ner, operator,		and Official Title			Date Signed
			President			(mm/dd/yyyy)
						01/25/2006
			<u>Jaea</u>	·		
				 		
				<u> </u>		•

FORM GM BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: U.S. ENVIRONMENTAL PROTECTION AGENCY SITE NAME: Electronic Chrome & Grinding 2005 Hazardous Waste Report **FORM** EPA ID NO: WASTE GENERATION CAD008391427 **GM** AND MANAGEMENT Instructions: Please see the detailed instructionson pages 17 to 25 of the instructions and forms booklet before IA. Waste Sec. 1 Hazardous Waste Soild (Chromium Waste Filter Cake) Description B. EPA Hazardous Waste Codes C. State Hazardous Waste Codes D007 F006 NA NA NA 181 D. Source Code E. Form Code F. Quantity Generated in G. UOM G23 reporting year Management Method Code for Source Density 29,000.000000 Code G25 W310 lbs/gal Was any of this waste managed on-site? Sec. 2 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3) ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2 On-site Management Quantity treated, disposed or On-site Management Quantity treated, disposed or Method Code recycled on-site Method Code recycled on-site A. Was any of this waste shipped off-site for treatment, disposal or recycling? Sec. 3 Yes (CONTINUE TO BOX B) No (FORM IS COMPLETE) - : B. EPA ID No. of facility to which waste was C. Off-site Management Method Code Site 1 D. Total quantity shipped shipped Shipped to (page 26) CAT080033681 H131 29,000.000000 B. EPA ID No. of facility to which waste was C. Off-site Management Method Code Site 2 D. Total quantity shipped shipped Shipped to B. EPA ID No. of facility to which waste was C. Off-site Management Method Code Site 3 D. Total quantity shipped shipped Shipped to

Comments:

sg

OMB#: 2050-0024 Expires 10/31/2007 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: U.S. ENVIRONMENTAL PROTECTION AGENCY SITE NAME: Electronic Chrome & Grinding 2005 Hazardous Waste Report FORM EPA ID NO: **WASTE GENERATION** CAD008391427 GM AND MANAGEMENT Instructions: Please see the detailed instructionson pages 17 to 25 of the instructions and forms booklet before Waste A. Sec. 1 Hazardous Waste Liquid (Chromium) Description B. EPA Hazardous Waste Codes C. State Hazardous Waste Codes D007 NA NA NA NA 723 D. Source Code E. Form Code F. Quantity Generated in G03 G. UOM reporting year Management Method Code for Source Density 5,838.000000 Code G25 W103 ibs/gai sg Was any of this waste managed on-site? Sec. 2 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3) ON-SITE PROCESS SYSTEM 1 ON-SITE PROCESS SYSTEM 2 On-site Management Quantity treated, disposed or On-site Management Quantity treated, disposed or Method Code recycled on-site Method Code recycled on-site A. Was any of this waste shipped off-site for treatment, disposal or recycling? Sec. 3 Yes (CONTINUE TO BOX B) No (FORM IS COMPLETE) B. EPA ID No. of facility to which waste was C. Off-site Management Method Code Site 1 D. Total quantity shipped Shipped to (page 26) CAT0800336B1 H071 5,838,000000 B. EPA ID No. of facility to which waste was Site 2 C. Off-site Management Method Code D. Total quantity shipped shipped Shipped to B. EPA ID No. of facility to which waste was C. Off-site Management Method Code Site 3 D. Total quantity shipped shipped Shipped to Comments:

BEFORE CO ABEL OR E	PYING FORM, A NTER:	ATTACH SITE IDE	ENTIFICATION		31.56160 02170
SITE NAME:	Electroni	c Chrome & (Frinding		THE PROPERTY
EPA ID NO:	CAD008391	427			FORM GM
Instruction completing	ns: Please see the transfer of the second se	ne detailed instr	uctionson pag	es 17 to	25 of the inst
Sec. 1 A.	Waste Was	ste Hydrochl	oric Acid	(lead,	Chromium

U.S. ENVIRONMENTAL PROTECTION AGENCY 2005 Hazardous Waste Report

WASTE GENERATION

EPA H	azardous Waste Codes					
2,11,1	D002	D007		C. State Hazardous Waste	Codes	
Source	D008 NA	NA .	· · · · · · · · · · · · · · · · · · ·	792		
Source	G03	E. Form	Code	F. Quantity Generated in reporting year		G. UOM 1
M	lanagement Method Code for Source			6,672	000000	Density
		W103	}			□lbs/gai □ sg
ec. 2	Was any of this waste managed on- Yes (CONTINUE TO ON-SITI X No (SKIP TO SEC. 3)		S SYSTEM	1)		
	-SITE PROCESS SYSTEM 1 -site Management Quantity treated, disposed or			ON-SITE PROCESS SYST	M 2	
ethod Co		a, aisposed e	I OF .	On-site Management Method Code	Quantity treated on-	ated, disposed or site
с. 3	A. Was any of this waste shipped o	🔲 🕨	eatment, dis lo (FORM I	posal or recycling? S COMPLETE)		***
Site 1	EPA ID No. of facility to which was shipped	ste was	C. Off-site Shippe	Management Method Code d to	D. Total quantity (page 26)	shipped
	CAT080033681			H071		6,672.000000
Site 2	B, EPA ID No. of facility to which was shipped	ste was	C. Off-site Shippe	Management Method Code d to	D. Total quantity	shipped
lite 3	B. EPA ID No. of facility to which was shipped	ste was	C. Off-site Shippe	Management Method Code d to	D. Total quantity	shipped
omments	3:					

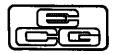
SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental I	អ					
Reason for Submittal (See instructions	Reason for Submittal: ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for waste, universal waste, or used oil activities)						
on page 9)	□ To provide Subsequent Notification of Regulated	l Waste Activ	rity (to update site identif	cation Information)			
MARK ALL BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste Part A Permit Application						
FUNCTION	☐ As a component of a Revised RCRA Hazardous	Waste Part	A Permit Application (An	nendment #)			
	As a component of the Hazardous Waste Report			· · · · · · · · · · · · · · · · · · ·			
2. Site EPA ID	EPA ID Number	. =					
Number (page 10)	(C,A,D,0,0,8,3,9,1	1427	<u></u> ተ				
3. Site Name (page 10)	Name: Electronic Chrome Street Address: 9128-32 D	. & G	nindling Co	Inc.			
4. Site Location Information	Street Address: 9128-32 D	tice f	201.				
(page 10)	City, Town, or Village: Sanka RE SA		State: CA				
	County Name: (& An geles	0	Zip Code: 906	70			
5. Site Land Type (page 10)	Site Land Type: Private County District	☐ Federal		-			
North American Industry Classification	832813	В.					
System (NAICS) Code(s) for the Site (page 10)	C.	D.		-			
7. Site Mailing	Street or P. O. Box: Same						
Address (page 11)	City, Town, or Village:						
	State:						
	Country:		Zip Code:				
8. Site Contact Person	First Name: NEKO	MI:	Last Name: Roe	d			
(page 11)	Phone Number: 56294667 Extension	n:	Email address:				
9. Operator and Legal Owner	A. Name of Site's Operator: Philip N	1. Roed	Date Became Operato	or (mm/dd/yyyy):			
of the Site (pages 11 and 12)	Operator Type: 🗅 rivate 🗆 County 🗅 Distric	t 🗆 Federa	I □ Indian □ Municipa	I ☐ State ☐ Other			
	B. Name of Site's Legal Owner: Philip W. Ro	ped	Date Became Owner	(mm/dd/yyyy):			
	Owner Type: 🖫 Private 🗆 County 🗅 District	☐ Federal	□ Indian □ Municipal	☐ State ☐ Other			

EPAID NO: CAD ODE 391 427

9. Legal Owner	Street or P. O. Box:	7128	- 32	Dice	Rd.	
(Continued) Address	City, Town, or Village:	Sanh	a fe Sp	ningro	94,	
Addition	State: CA			0		
	Country: USA			Z	lp Code: 90670	
10. Type of Regulated Mark "Yes" or "No"	(See Instructions on pages 12 to 16.)					
A. Hazardous Was Complete all pa	te Activities rts for 1 through 6.					
Y N D 1. Generator of	· ·	Y 🗆 N 🗗 2.	Transporter of Hazardous Waste			
lf "Yes", ch	oose only one of the follo	owing - a, I	b, or c.			
₩ 1 OG:	Greater than 1,000 kg/mo	(2.200 lbs	lmo)	Y ©Y Ñ □ 3.	Treater, Storer, or Disposer of	
2 8. LQO.	of non-acute hazardous v		nno.;		Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.	
🗅 b. SQG:	100 to 1,000 kg/mo (220		/mo.)		,	
	of non-acute hazardous v	vaste; or		Y□N 2 4.	Recycler of Hazardous Waste (at your site)	
C. CESC	0G: Less than 100 kg/mo (o.)		, i	
	of non-acute hazardou	s waste		Y 🖸 N 🗹 5.	Exempt Boller and/or Industrial	
In addition, i	ndicate other generator a	ctivities.			Furnace If "Yes", mark each that applies.	
	_				☐ a. Small Quantity On-site Burner	
YUNUYA. Unite	d States Importer of Hazan	dous Waste)		Exemption	
Y ☐ N ☐ e. Mixed	l Waste (hazardous and ra	dioactive) (Generator		b. Smelting, Melting, and Refining Furnace Exemption	
			Y 🗆 N 🖫 💪	Underground Injection Control		
B. Universal Waste	Activities			C. Used Oil Activities		
Y D N 1 Large Quar	atity Handler of Universal	Wasta (ac	cumulata	Mai	rk all boxes that apply.	
	more) [refer to your Stat			Y □ N ☑ 1. Used Oil Transporter		
	what is regulated]. indica			·	If "Yes", mark each that applies.	
	rated and/or accumulate xes that apply:	d at your s	ite. If "Yes",		a. Transporter	
·		nerate <u>A</u>	ccumulate	ر ا	b. Transfer Facility	
a. Batteries		۵		Y□NOQ2€.	Used Oil Processor and/or Re-refiner if "Yes", mark each that applies.	
b. Pesticides		<u> </u>	_		a. Processor	
c. Thermosta			_		☐ b. Re-refiner	
d. Lamps	<u>-</u>	_	_	YONES.	Off-Specification Used Oil Burner	
•	cify)	_	_			
f. Other (spe	cify)			Y LIN LLY4.	Used Oil Fuel Marketer if "Yes", mark each that applies.	
	cify)				☐ a. Marketer Who Directs Shipment of	
			_		Off-Specification Used Oil to Off-Specification Used Oil Burner	
	Facility for Universal Wa				□ b. Marketer Who First Claims the	
Note: A haza	rdous waste permit may be	required fo	or this activity.		Used Oil Meets the Specifications	

EPAID NO: CADOS	3911	14/2/7
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11. Description o	f Hazardous Waste	es (See Instruction	s on page 16.)		·	
handled at ye	A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.					
2002	D007	FOOL				
·						
·		7.7.7				
hazardous w	es for State-Regula vastes handled at you are needed for was	ur site. List them in	eral) Hazardous Wa n the order they are p	stes. Please list the reg	e waste codes of the S ulations. Use an addit	tate-regulated ional page if
221	352					
	· · · · · · · · · · · · · · · · · · ·					
. <u> </u>						
12. Comments (S	ee Instructions on	page 16.)				
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	'	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
<u> </u>			·			
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 16.)						
Signature of oper authorized repres	ator, owner, or an entative	Name and Off	icial Title (type or p	rint)	,	Date Signed (mm/dd/yyyy)
		Meke 1	Roed, Vice	e Preside	<u>√</u> t	
<u> </u>		mi	he noe	<u></u>		
			<u></u>			



ELECTRONIC CHROME & GRINDING CO. INC.

9128-32 DICE RD. • SANTA FE SPRINGS, CA 90670 • (562) 946-6671 • FAX (562) 946-5903

Hard Chrome Plating • Internal & External Grinding

Chrome Tanks 16 Foot Depth • Power Honing to 6" Capacity

Grinding Capacity to 20" x 120" • Centerless Grinding

January 31, 2006

Richard Kallman
City of Santa Fe Springs Fire Department
Environmental Protection Division
Certified Unified Program Agency
11300 Greenstone Ave.
Santa Fe Springs, CA 90670

RE: 2003 & 2005 Biennial Reports Letter of Transmittal

Dear Mr. Kallman:

Please find enclosed a copy of the letter of Transmittal for the 2003 and 2005 Biennial Reports, the 2005 Biennial Report Submission Cover Sheet, the Certified Mail Receipt and the Return Receipt for your records for Electronic Chrome & Grinding Company, Inc. Please feel free to contact me at 562-946-6671 with any questions or concerns, I will be happy to assist you.

Sincerely,

Mike Reed

Vice president, General Manager

Enclosures

BEFORE COPYING FORM, ATTACH SITE IDENTIFICAL CONTROL OF ENTER:	CATION LABEL		U.S. ENVIRONMENTAL			
SITE NAME: Electronic Chron	e 8		PROTECTION AGENCY			
Grinding		FORM	2003 Hazardous Waste Report			
EPAID NO: [CA:D] [0]018 31911 [4	2 2	GM	WASTE GENERATION			
			AND MANAGEMENT			
Instructions: Please see the detailed Instructions on pages 17 to 25 of this booklet before completing this form.						
Sec. 1 A. Waste description Waste Corrolive (: Out of (<u> </u>	No 1 C. O			
B. EPA hazardous waste code DOO2 DO	oj)	C. State hazar	Acid Soution) rdous waste code			
D1008 [1 1 1 1 1	·	7911				
D. Source code	E. Form code	F. Quantity ge	enerated in 2003 G. UOM 1			
[G <u>ID 3</u>] Management Method code for Source code G25	[w]1;013		135028 O			
			Density			
[#]]			, □ lbs/gal □ sg			
Sec. 2 Was any of this waste managed on site? (page						
☐ 1 Yes (CONTINUE TO ON-SITE PROCE 51/2 No (SKIP TO SEC. 3)	SS SYSTEM 1)					
ON-SITE PROCESS SYSTEM 1		ON-SITE PRO	CESS SYSTEM 2			
On-site Management Quantity treated, disposed, Method code recycled on site in 2003	, or	On-site Manag Method code				
[H] [L] [<u> </u>	[Hi] [LI]				
Sec. 3 A. Was any of this waste shipped off site in the second of the se	n 2003 for treatme No (FORM IS CO	ont, disposal, or OMPLETE)				
Site 1 B. EPA ID No. of facility to which waste was shipped	C. Off-site Ma	anagement Meti	11 4==1111			
CAT 080 033 681		U.F.D	<u> </u>			
Site 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Ma	anagement Met ped to	, , , , , , , , , , , , , , , , , , , ,			
	[н]					
Site 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Ma	anagement Met	The state of the pool in 2000			
	[н]					
Comments:						
			,			

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protecti RCRA SUBTITLE C SITE IDENTIFIC					
Reason for Submittal (see instructions on page 9)	A. Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). To provide subsequent notification (to update site identification information).					
MARK ALL BOX(ES) THAT APPLY	As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of Hazardous Waste Report.					
Site EPA ID Number (see instructions on page 10)	EPA ID Number: CAD008391427					
SiteName (see instructions on page 11)	Site Name: Electronic Chrome & Grinding	Co. Inc.				
Site Location Information (see	Street Address: 9128-32 Dice Road					
instructions on page 10)	City, Town or Villags: Santa Fe Springs	State: CA				
**	County Name: LOS ANGELES	Zip Code: 90670				
Site Land Type (see instructions on page 10)	Site Land Type: X Private County District Federal	☐ Indian ☐ Municipa! ☐ State ☐ Other				
North American Industry Classification System (NAICS) Code(s) for the Site (see Instructions on	A. 332813 B. D.					
page 10)	5 ,					
7. Site Mailing Address (see instructions on page	Street or P.O. Box: 9128-32 Dice Rd.					
11)	City, Town or Village: Santa Fe Springs					
	State: CA					
	Country: UNITED STATES	Zlp Code: 90670				
Site Contact Person (see instructions on page 11)	First Name: Mike MI:	Last Name: Reed				
·	Phone Number: 5629466671 Extension:	Email Address:				
		bluecrowns@aol.com				
Operator and Legal Owner of the Site (see	Name of Site's Operator:	Date Became Operator (mm/dd/yyyy):				
instructions on page 11	Philip W. Reed	07/23/1982				
and 12)	Operator Type: X Private County District Federal	☐ Indian ☐ Municipal ☐ State ☐ Other				
·.	Name of Site's Legal Owner: Philip W. Reed	Date Became Owner (mm/dd/yyyy): 07/23/1982				
	Owner Type: X Private County District Federal	☐ Indian ☐ Municipal ☐ State ☐ Other				

9. Legal Owner (Continued)	Street or P.O. Box: 9128-32 Dice Rd.				
Address	City, Town or Village: Santa Fe Springs				
	State: CA				
	Country: UNITED STATES	Zip Code: 90670			
10. Type of Regulated	Waste Activity (Mark "Yes" or "No" for all activities; comple	ete an additional boxes as instructed)			
A. Hazardous Waste A Complete all parts	Activities				
· · · · · ·	rator of Hazardous Waste				
	s", choose only one of the following - a, b or c.	Y N x 2. Transporter of Hazardous Waste			
X a.	LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or	Y X N 3. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.			
	SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or	Y N X 4. Recycler of Hazardous Waste (at your site)			
C.	CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste	Y N X 6. Exempt Boiler and/or Industrial Furnace			
In addition, inc	dicate other generator activities.	a. Small Quantity On-Site			
	Inited States Importer of Hazardous Waste	Burner Exemption b. Smelting, Melting, Refining			
Y N X e. N	fixed Waste (hazardous and radioactive) Generator	Furnace Exemption			
		Y N X 6. Underground Injection Control			
B. Universal Waste Ad	ctivitles	C. Used Oil Activities			
Y N X 1. Lar	ge Quantity Handler of Universal Waste (accumulate	Mark all boxes that apply.			
5,0 det was	00 kg or more) [refer to your State regulations to ermine what is regulated]. Indicate types of universal ste generated and/or accumulated at your site. If "Yes", rkall boxes that apply:	Y N X 1. Used Oil Transporter If "Yes", mark each that applies. a. Transporter b. Transfer Facility			
	Constitute Accomplated	Y N X 2. Used Oil Processor and/or Re-refiner			
a,	Generated Accumulated Batteries	if "Yes", mark each that applies.			
b.	Pesticides	a. Processor			
	Thermostats	b. Re-refiner			
	Lamps	Y N X 3. Off-Specification Used Oil Burner			
	Other (specify)	Y N X 4. Used Oil Fuel Marketer			
	Other (specify)	If "Yes", mark each that applies. a. Marketer Who Directs Shipment of			
Y	stination Facility for Universal Waste	Off-Specification Used Oil to Off-Specification Used Oil Burner			
Not	te: A hazardous waste permit may be required for this activity.	b. Marketer Who First Claims the Used Oil Meets the Specifications			

		tes (see instructions		<u> </u>			
A. Waste Codes for Federally Regulated Hazardous Wastes. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.							
D002	D007 .	D008	F006			i i i i i i i i i i i i i i i i i i i	
Waste Codes	for State-Regulate	d (I.e., non-Federal) h	lazardous Wastes.	Please list the waste	codes of the State-re	gulated hazardous	
223	352	"" uio oidai uiey aje p	reserred in the ledn	Please list the waste lations. Use an additional p	page if needed for mo	re waste codes.	
		 -					
Comments (s	ee instructions on	page 17)			•	· · · · · · · · · · · · · · · · · · ·	
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Codiffication	1			<u> </u>			
of the person o to the best of n	or persons who man	lage the system, or the	ese persons directly re	ments were prepared underly gather and evaluate the sponsible for gathering the are that there are significations on page 17	Information submitted e Information, the Info	d. Based on my inquire	
ignature of ov	vner, operator, I representative		Name and Official T			Date Signed	
		Mike Reed,	Vice Presider	nt		(mm/dd/yyyy) 01/25/2006	
		g. cm	2000	· · ·		04,20,2006	
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			_ 1000	<u> </u>			
<u> </u>			- Naed				

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



U.S. ENVIRONMENTAL PROTECTION AGENCY

2005 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

instructions: Please see the detailed ins completing this form.	tructionson pages	17 to 25 of the instructio	ns and forms bo	poklet before
Sec. 1 A. Waste Hazardous Was	te Soild (Chr	omium Waste Filter	Cake)	
B. EPA Hazardous Waste Codes D007	F006	C. State Hazardous Waste (Codes	
NA NA	NA	181		
D. Source Code G23	E. Form Code	F. Quantity Generated in reporting year		G. UOM 1
Management Method Code for Source Code G25	W310	29,000.000000 Density		Density ☐ Ibs/gal ☐ sg
Sec. 2 Was any of this waste managed on-s Yes (CONTINUE TO ON-SITE X No (SKIP TO SEC. 3)		1)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTE	M 2	
On-site Management Quantity treated Method Code recycled on-site	, disposed or	On-site Management Method Code		ted, disposed or lite
Sec. 3 A. Was any of this waste shipped off X Yes (CONTINUE TO BOX B)		posal or recycling? S COMPLETE)		
Site 1 B. EPA ID No. of facility to which wast shipped	e was C. Off-site Shippe	Management Method Code d to	D. Total quantity (page 26)	shipped
CAT080033681		H131		29,000.000000
Site 2 B. EPA ID No. of facility to which wast shipped	e was C. Off-site Shippe	Management Method Code d to	D. Total quantity	shipped
Site 3 B. EPA ID No. of facility to which wast shipped	e was C. Off-site Shipper	Management Method Code d to	D. Total quantity	shipped
		• •		
Comments:				
	· <u> </u>		<u>-</u> :	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO: CAD008391427



U.S. ENVIRONMENTAL PROTECTION AGENCY

2005 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instruct completing this form.	ionson pages	17 to 25 of the instructio	ns and forms b	ooklet before
Sec. 1 A. Waste Hazardous Waste Description	Liquid (Ch	romium)		
B. EPA Hazardous Waste Codes D007 NA		C. State Hazardous Waste (Codes	
NA NA NA		723		
D. Source Code G03	orm Code	F. Quantity Generated in reporting year	<u> </u>	G. UOM 1
Management Method Code for Source Code G25	103	5,838.	Density ☐lbs/gal ☐ sg	
Sec. 2 Was any of this waste managed on-site? Yes (CONTINUE TO ON-SITE PROC X No (SKIP TO SEC. 3)	CESS SYSTEM	1)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTE	M 2	
On-site Management Quantity treated, disponent Quantity treated, disponent recycled on-site	osed or	On-site Management Method Code		ted, disposed or site
Sec. 3 A. Was any of this waste shipped off-site for X Yes (CONTINUE TO BOX B)	No (FORM I	posal or recycling? S COMPLETE)		:
Site 1 B. EPA ID No. of facility to which waste was shipped	C. Off-site Shippe	Management Method Code d to	D. Total quantity (page 26)	shipped
CAT080033681		H071		5,838.000000
Site 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Shippe	Management Method Code d to	D. Total quantity	shipped
Site 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Shippe	Management Method Code d to	D. Total quantity	shipped
Comments:				

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Electronic Chrome & Grinding

EPA ID NO:

CAD008391427



U.S. ENVIRONMENTAL **PROTECTION AGENCY**

2005 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions completing this form.	son pages	17 to 25 of the instructio	ns and forms be	ooklet before
Sec. 1 A. Waste Waste Hydrochloric Description	Acid (1	ead, Chromium)	······································	
B. EPA Hazardous Waste Codes D002 D007		C. State Hazardous Waste (Codes	
DOOS NA NA		792		
D. Source Code G03	Code	F. Quantity Generated in reporting year	······································	G. UOM 1
Management Method Code for Source Code G25 W103		6,672.	Density ☐ Ibs/gal ☐ sg	
Sec. 2 Was any of this waste managed on-site? Yes (CONTINUE TO ON-SITE PROCESS X No (SKIP TO SEC. 3)	S SYSTEM	1)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTE	M 2	
On-site Management Quantity treated, disposed Method Code recycled on-site	or	On-site Management Method Code		ted, disposed or site
Sec. 3 A. Was any of this waste shipped off-site for tre		posal or recycling? S COMPLETE)		:
Site 1 B. EPA ID No. of facility to which waste was shipped	C. Off-site Shipped	Management Method Code	D. Total quantity (page 26)	shipped
CAT080033681		Н071		6,672.000000
Site 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Shipped	Management Method Code d to	D. Total quantity	shipped
Site 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Shipped	Management Method Code i to	D. Total quantity	shipped
Comments:				
				. *
				

OMB#: 2050-0024 Expires 10/31/2005 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: 2003 Hazardous Waste Report **FORM** WASTE GENERATION GM EPAID NO: CAID LOID 8 3 911 427 AND MANAGEMENT Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form. Sec. 1 A. Waste description Waste B. EPA hazardous waste code DOO2 DOOT C. State hazardous waste code P190811111111 D. Source code E. Form code F. Quantity generated in 2003 G. UOM Ш 135028,0 1W1 1013 Management Method code for Source code G25 Density لبار لبا LHL | | □ lbs/gal □ sg Was any of this waste managed on site? (pages Sec. 2 ☐ 1_Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3) ON-SITE PROCESS SYSTEM 1 **ON-SITE PROCESS SYSTEM 2** On-site Management Quantity treated, disposed, or On-site Management Quantity treated, disposed, or Method code recycled on site in 2003 Method code recycled on site in 2003 [H] | | [H] | I Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) Sec. 3 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE) EPA ID No. of facility to which waste Site 1 Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to 11135028 D CAT 1080 033 681 ти **О**т**Т**т Site 2 EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to [H] Site 3 В. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: Electronic Chrome & 2003 Hazardous Waste Report **FORM WASTE GENERATION** GM EPAID NO: CAD 0018 31911 427 **AND MANAGEMENT** Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form. Sec. 1 A. Waste description Hazardons Waste Solid (Chromium Waste, Filter Ca B. EPA hazardous waste code DIDIDIT FOIDI6 C. State hazardous waste code 11811 D. Source code E. Form code F. Quantity generated in 2003 G. UOM 1612131 լկյ 1W13101 13/2/0/010 Management Method code for Source code G25 Density [H] | | □ lbs/gal □ sg Sec. 2 Was any of this waste managed on site? (pages ☐ 1_Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) No (SKIP TO SEC. 3) **ON-SITE PROCESS SYSTEM 1** ON-SITE PROCESS SYSTEM 2 On-site Management Quantity treated, disposed, or On-site Management Quantity treated, disposed, or Method code recycled on site in 2003 Method code recycled on site in 2003 [H] [] [H] | | Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) Sec. 3 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE) Site 1 EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to 13121010101 0 CAT 0.80 1033161811 тві ГіЗі Гі EPA ID No. of facility to which waste Site 2 Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to LHT T Site 3 В. EPA ID No. of facility to which waste Off-site Management Method Total quantity shipped in 2003 was shipped code Shipped to Comments:

SEND COMPLETED FORM TO:	United States Environmental Protection Agency						
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENT	IFICAT	ION FORM	в			
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide Initial Notification of Regulated Waste waste, universal waste, or used oil activities) To provide Subsequent Notification of Regulated As a component of a First RCRA Hazardous Waste	Waste Activ ste Part A Pe Waste Part A	rity (to update site identifi ermit Application	cation information)			
2. Site EPA ID Number (page 10)	EPA ID Number C A D 0 8 39	<u></u>	<u> </u>	į			
3. Site Name (page 10)	Nam	ត	rindling Co.	The.			
4. Site Location Information (page 10)	Stre Cit Ci	<u>*</u>	State: CA Zip Code: 906	o 2 70			
5. Site Land Type (page 10)	s ouk	eral	☐ Indian ☐ Municipal				
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)				-			
7. Site Mailing	Street or P. O. Box:						
Address (page 11)	City, Town, or Village:						
	State:						
	Country:		Zip Code:				
8. Site Contact Person	First Name: HEKO	MI:	Last Name: Roo	d			
(page 11)	Phone Number: 56294667 Extension	1;	Email address:				
9. Operator and Legal Owner	A. Name of Site's Operator: Philip N. Rocel Date Became Operator (mm/dd/yyyy):						
of the Site (pages 11 and 12)	Operator Type: ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other						
	B. Name of Site's Legal Owner: Philip W. Ro	(mm/dd/yyyy):					
·	Owner Type: Private County District	□ Federal	🗖 Indian 🚨 Municipal	☐ State ☐ Other			

EPA ID NO: CAD ODS 391 427 OMB#: 2050-0024 Expires 10/31/2005 9. Legal Owner Street or P. O. Box: 32 Dice (Continued) City, Town, or Village: Address State: Country: USA Zlp Code: 90670 10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See Instructions on pages 12 to 16.) A. Hazardous Waste Activities Complete all parts for 1 through 6. Y N I 1. Generator of Hazardous Waste Y 🗆 N 🗗 2. Transporter of Hazardous Waste If "Yes", choose only one of the following - a, b, or c. Y DYN 🗆 3. Treater, Storer, or Disposer of a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) Hazardous Waste (at your site) Note: of non-acute hazardous waste; or A hazardous waste permit is required for this activity. ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) Y □ N 🗹 4. Recycler of Hazardous Waste (at your of non-acute hazardous waste; or ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste Y D N 2 5. Exempt Boiler and/or Industrial **Furnace** In addition, indicate other generator activities. If "Yes", mark each that applies. a. Small Quantity On-site Burner Y D N 🗖 d. United States Importer of Hazardous Waste Exemption ☐ b. Smelting, Melting, and Refining Y ☐ N ☐ e. Mixed Waste (hazardous and radioactive) Generator Furnace Exemption Y □ N □ 6. Underground Injection Control **B.** Universal Waste Activities C. Used Oil Activities Mark all boxes that apply. Y D N 🗹 . Large Quantity Handler of Universal Waste (accumulate Y 🗆 N 🖼 1. Used Oil Transporter 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal if "Yes", mark each that applies. waste generated and/or accumulated at your site. If "Yes", a. Transporter mark all boxes that apply: □ b. Transfer Facility Generate Accumulate Y 🖸 N 🗓 🗷. Used Oll Processor and/or Re-refiner a. Batteries If "Yes", mark each that applies. a. Processor b. Pesticides □ b. Re-refiner c. Thermostats Y □ N ☑ 3. Off-Specification Used Oil Burner d. Lamps e. Other (specify) Y 🗆 N 🖬 4. Used Oil Fuel Marketer f. Other (specify)_ If "Yes", mark each that applies. g. Other (specify) ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to

Y□N ☑ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

Off-Specification Used Oil Burner

Used Oil Meets the Specifications

□ b. Marketer Who First Claims the

PA ID NO: L	9A7 008	391146	² ।ने		OMB#: 2050-0024	Expires 10/31/2005
11. Description o	of Hazardous Waste	s (See instruction	s on page 16.)			
handled at y	es for Federally Reg our site. List them in age if more spaces ar	the order they are	Wastes. Please li presented in the re	st the waste codes of gulations (e.g., D00	of the Federal-hazard 1, D003, F007, U112	dous wastes 2). Use an
2002	D007	FOOL				
					-	
hazardous v	es for State-Regulat vastes handled at you s are needed for wast	ır site. List them in	ral) Hazardous Wa the order they are	stes. Please list the presented in the reg	e waste codes of the ulations. Use an ad	e State-regulated ditional page if
221	352			· · · · · · · · · · · · · · · · · · ·		
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12. Comments (S	See Instructions on	page 16.)			<u> </u>	
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	-	<u> </u>	<u> </u>			
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<u> </u>			<u>.</u>	······································		
in accordance with on my inquiry of th information submit	I certify under penal n a system designed to be person or persons tted is, to the best of altting false informations ton page 16.)	to assure that qual who manage the s my knowledge and	lfied personnel prop ystem, or those per l belief, true, accura	erly gather and evalued sons directly responded, and complete. I a	luate the information sible for gathering th am aware that there	submitted. Based
Signature of operation	rator, owner, or an sentative	Name and Offi	icial Title (type or p	orint)		Date Signed (mm/dd/yyyy)
		Heke (Roed Via	e Areside	nt_	
		mi	ke noe	e Preside		